



## Contraceptive Order Form

Date: \_\_\_\_\_

Physician: \_\_\_\_\_ Office/Clinic: \_\_\_\_\_

PF Medicaid Provider Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### Shipping Information:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Special Delivery Instructions (i.e., days/hours closed): \_\_\_\_\_

Contraceptives	Number of Packs/Cycles per Box/Case	# of Patients Served at 12 Packs/Cycles per Year	Number of Boxes Ordered	
*Alesse 28 day	3 packs/box	3 month supply for 1 patient		PF-2
*Lo/Ovral 28 day	6 packs/box	½ year (6 month) supply for 1 patient		PF-3
*Ortho Tri-Cyclen 28 day	144 packs/case	1 year supply for 12 patients		PF-4
*Micronor 28 day	6 packs/box	½ year (6 month) supply for 1 patient		PF-7
*Levlen 28 day (limited stock available, please call)	36 packs/box	1 year supply for 3 patients		PF-9
*Tri-Levlen 28 day (limited stock available, please call)	36 packs/box	1 year supply for 3 patients		PF-10
*Ortho-Novum 1/50 28 day	6 packs/box	½ year (6 month) supply for 1 patient		PF-11
* Ortho Tri-Cyclen Lo 28 day	144 packs/case	1 year supply for 12 patients		PF-12
* Ortho Evra Patch	48 monthly cycles per case	1 year supply for 4 patients Replacement patches may be given at your discretion		PF-13

\*Choice of contraceptives subject to change

### Procedure for ordering contraceptives:

Complete the top portion of the form entirely. Please type or print legibly. Indicate the type of contraceptive(s) and number of boxes needed in the space provided. Fax or mail the Order Form to the Alabama Department of Public Health, Bureau of Family Health Services. If you have questions regarding your order or returning expired contraceptives, call the Plan First Program at 334-206-2795 or 206-2959.

**To expedite handling fax to (334)206-2950** or Mail order form to: ADPH/BFHS/Plan First  
PO Box 303017, Suite 1350  
Montgomery, Alabama 36130-3017

